

**VA TVHS UTVA Report**  
**March 4, 2013**

**Hospital Current Budget**

- Fiscal Service has new staff –
  - Chief Financial Officer, Lynn Heathcoat
- We successfully closed out 1<sup>st</sup> quarter and rolled funds forward into 2<sup>nd</sup> quarter.
- As of February 2013 TVHS approved the purchase of the equipment requests for a total of \$2.5 million.

**Staffing Update**

KEY POSITION	SERVICE	SELECTEE	EFFECTIVE DATE
Assistant Chief, Business Office	Business Office	Paula Kinsel	Effective January 13, 2013
Clinical Applications Coordinator	Chief of Staff	Phillip Bloechl	Effective December 16,,2012

**Cost Efficiency Updates**

- Reviewing opportunities to improve services for possible cost savings and efficiencies.

**Significant Budget fluctuations**

Funds Availability	FY12 ACTUAL	FY13 Initial Budget
Total Available	\$607,345,531	\$606,923,083

### In the Community

- Salaries based on FTEE on board \$348M
- Supplies (including Equipment) \$154M
- Fee Based Care \$67M
- Consolidated Mail Order Pharmacy (CMOP) \$49.8M

## Status of Veteran Wait List

### STATUS OF PRIMARY CARE ELECTRONIC WAIT LIST (EWL)

#### 1. Primary Care EWL Data (Downloaded VSSC, 2-22-13)

Grouper	Bowling	Chatt	Clark	Cooke	Hopkin	IDES FC	Maury	York	Dover	Nash	Total
Primary Care	33	17	18	3	2		7	827	9	2106	3024
Eye						1		1031		20	1052
Cardiology								1		215	216
Urology										200	200
Dental		130									131
Mental Health		1					2				3
Podiatry								2			2
Ent										1	1
GI										1	1
Oncology										1	1
Ortho										1	1
PACS								1			1
Physical Therapy										1	1
Plastic Surgery										1	1
Grand Total	33	148	18	3	2	1	9	1862	9	2547	4632

#### 1. New Providers Coming on Board.

Nashville 3.0 FTEE under recruitment, anticipated EOD, 1.0 in April; 3.0 by July 1.

York 1.0 FTEE under recruitment anticipated EOD, by July 1

COPC 1.0 FTEE under recruitment anticipated EOD, TBD

Clarksville 1.0 FTEE under recruitment anticipated EOD, TBD

**7.0 FTEE**

**2. Sites with Capacity:**

- Chattanooga
- Tullahoma
- Women's Clinic Nashville Annex
- Maury County (Columbia)
- McMinnville
- Hopkinsville

3. Maury County is now open and will provide capacity to provide care to Veterans from that area that are currently traveling to the Nashville and York Campuses for Primary Care. There are approximately 3000 patients that are being offered the opportunity to transfer their care to the Columbia clinic. The transfer of patients to Maury County will create capacity for Veterans that are currently waiting for care that reside in Nashville and Murfreesboro.
4. Athens, McMinn County Outreach Clinic will be opening in the late summer 2013. This access point will reduce travel times for patients residing in proximity to this clinic site.
5. Contract solicitation for reopening Roane County access point is in progress.
6. New patients are being offered appointments at sites with available capacity. Those that decline the appointment are placed on the Electronic Wait List for the clinic that they desire. Wait times are currently protracted for the Nashville and York Campuses. It is anticipated that the backlog for these two sites will be mitigated on the York Campus by June 2013 and Nashville by September 2013.
7. Panel management will continue to be highly managed; including removal of inactive veterans to identify capacity for Veterans seeking care at a specific site.
8. Decompression of both the Nashville and York Campuses is being accomplished by the redistribution of patients that currently are receiving care at those sites by inviting Veterans to transfer their care to CBOCs in closer proximity to their residence.
9. Implementation of PACT and ongoing re-engineering including the use of Coordination Care Home Technology, Home Based Primary Care, Geriatric Primary Care, Telemedicine and Preventive Health assets will facilitate better access in Primary Care clinics.

**Con't below**

## Patient Satisfaction

QUESTIONS *Privacy and Noise Level questions N/A	ANSWER INCLUDED IN SCORE	Benchmark	SURVEY PERIOD: FYTD Thru Oct 2012	VISN	VHA
<b>Overall Inpatient Satisfaction Q:21</b>	% rating hospital 9 or 10	64	56.6	67.3	66.1
<b>Shared Decision Making Composite Q: 35/36</b>	Yes	69	70.8	76.2	74.6
<b>Responsiveness of Staff Composite Q: 4/11</b>	% Reporting they were usually or always able to get help	83	82.1	84.8	86.1
<b>*Discharge Information (Composite Q: 19/20)</b>		No Target	81.3	82.2	84
<b>*Willingness to Recommend Hospital Q: 22</b>		No Target	60.9	69.1	69.1
<b>Outpatient Overall Satisfaction Q:10 FY12 YTD</b>	% rating healthcare as a 9 or 10	56	50.6	54.9	54.7
<b>Getting Care Quickly Composite Q: 2/4 FY12 YTD</b>	% reporting they we usually or always al to get an appt as soon as they thought they needed	80	73.3	77.3	76.9

## **Outpatient Care Patient Satisfaction**

Patient Centered Care Committee has completed a review of tools from the Office of Performance and Quality Measurement to determine areas of improvement upon which to focus efforts to improve Outpatient Satisfaction.

The review identified three key areas of emphasis. They are:

1. Access
2. Communication
3. Self-Management

Services have been asked to look at areas to develop plans to address those areas and other opportunities for improvement.

## **Inpatient Satisfaction**

### **2. Current Strengths**

Bedside Care Collaborative-Interdisciplinary team which evaluates satisfaction scores and initiates performance improvement projects related to satisfaction. A new nurse call provides electronic location of staff and quiet call tones which will aid in increasing staff response times and decrease in noise reduction.

#### **Additional Information**

--TVHS continues to engage its employees to embrace the Patient Centered Care philosophy to help increase areas of communication, shared access, and spirituality. Opportunities include training, conferences, and focus groups to help employees learn and implement methods to address areas of improvement.

--TVHS also uses reviews to help identify measures to improve overall quality of care for the Veterans we serve. These include internal and external quality indicators such as the Health and Human Services Hospital Compare data which show TVHS at or above our community partners.

### **3. Current Weaknesses**

TVHS puts a great value on providing excellent customer service. Those efforts include improving the environment at both campuses which has resulted in short term noise increases. The long term impact will be a positive increase in satisfaction with the environment with nicer rooms for Veterans and better areas for family and visitors.

TVHS continues to involve staff, family and significant others in active roles to improve the health, spiritual needs, and creates a team approach to healthcare. This Patient Centric model re-enforces communication and shared decision making resulting in more positive outcomes for the Veterans to help them reach their individual health goals.

#### 4. Process to reach/maintain goals

Current projects: Dear Doctor notes to enhance patient, MD and nurse communication; communication; quiet time for inpatient areas to enhance noise levels in patient rooms; new call system to decrease noise levels in the inpatient areas began in October 2012; 12 bed hospital pilot to enhance teamwork, communication, support to the patient and family, trust in the caregivers and continuity of care.

-Nursing service has been active, and will continue to be central in our efforts to improve patient satisfaction. The intensity of patient contact and rapid response to patient needs is a critical interface.

-Continued expansion of the program that has increased the frequency of nursing rounds

-Reinvigoration of the Bedside Collaborative, a program that encouraged the simultaneous presence of physicians and nurses at the patient bedside during morning rounds. This program improved satisfaction, decreased LOS by 0.5 days, and markedly reduced medication errors.

-Roll out use of the "Daily Plan" so patients and families are more aware of upcoming tests and plans

-Continue to teach physicians and staff about the importance of patient satisfaction. It needs to assume nearly equal importance as the EPRP measures. If we deliver high level technical care, but are not timely, efficient, compassionate, and patient-centered, and our patients are not satisfied with their experience, we have not succeeded.

## **Continuing Facility Improvements**

### 1. Current Construction Updates

- **VA TVHS Construction Updates:**
- **Nashville:**
  - Patient Ward 2G Renovation – \$2 million – Work progressing – Estimated April 2013 completion
  - Renovate Research Lab Phase 2 – \$5 million – Work wrapping up – Estimated February 2013 completion
  - File Room conversion to clinic – \$750,000 – Work progressing – Estimated March 2013 completion
  - Cath Lab and First Floor Clinic Space – \$7.6 million – Work wrapping up – Estimated February 2013 completion.
  - Upcoming Projects

- Roofing project – \$4 million +
- Renovate Research Lab Phase 3 - \$4.6 million

### **Murfreesboro:**

- Sealing of Building 1 windows underway. March 2013 completion anticipated.
- Fisher House – Construction ongoing – Fall 2013 completion anticipated
- Ambulatory Surgery Phase 3 – \$2 million – Summer 2013 completion
- Relocate Agent Cashier/Travel – \$250,000 – Anticipate early February 2013 completion
- Upcoming Projects
  - Boiler Plant Replacement - \$5 million
  - Electrical upgrades - \$4 million
  - Exterior Revitalization - \$2 million

### **Additional Projects:**

- Multiple infrastructure projects across both campuses totaling over \$12 million. -
- Several additional infrastructure projects totaling over \$5 million. –
- Multiple equipment installs including MRI, 2 CT Scanners, 2 Gamma Cameras totaling \$3 million + -

## **Medical Facility Clinic Updates**

### Uniques

• FY2012	• FY2013 (to date)
• 85,060	• 67,854

### Outpatient Visits

• FY2012	• FY2013 (to date)
• 866,154	• 305,642

## Inpatient Admissions

• FY2012	• FY2013 (to date)
• 11,604	• 2,774

## OEF/OIF/OND Clinic Uniques

• FY2012	• FY2013 (to date)
• 9,128	• 5,718

## Women's Clinic Uniques

• FY2012	• FY2013 (to date)
• #7,473	• 5,026

## Other Programs

- The **Home Telehealth program** currently manages over 900 Veterans in their home on variety of clinical conditions (hypertension, diabetes, wgt mgt., mental health, etc.)
- The **Care Giver Support program** (administered by Social Services with nursing support) initiated approximately 18 months ago now has over 150 Veterans in the program with more being added each month.
- **C&P** will be moving services to a location off site to increase work areas and expand services to help speed up processing—expected timeframe early summer.
  1. **Address: 2 International Plaza, Suite 500, Nashville Tn 37217**

## Community Based Outpatient Clinic

- **McMinn Co.** Clinic lease request has been submitted to contracting to move forward with a 2013 opening. It is an outreach clinic which means VA staffing and a leased space. Services will include primary care and mental health service as well as basic ancillary service (ie lab and limited x-ray) pharmacy service will be an initial community support with mail order pharmacy.



- **Roane Co.** Clinic closed effective October 31<sup>st</sup>. A new packet is in contracting. It has been requested the contracting process be expedited with the goal to have a new clinic in 9 months. All veterans previously seen at the Roane Co. clinic have been contacted and offered options for healthcare until the new clinic is opened

### ***Upcoming/Current Activities or Events***

#### Quarterly Current Events

### **Voluntary Service**

- 1 The Fisher House construction is on track and is still expected to be completed by September with an opening end of 2013.

Thank you.